

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3648 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03635

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>729 Motter Avenue</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u> STREET ADDRESS (If rural give location) <u>729 Motter Avenue</u>			
3. NAME OF DECEASED: (Type or Print) <u>BELVA</u> (First) <u>CATHERINE</u> (Middle) <u>BOND</u> (Last)			4. DATE (Month) (Day) (Year) OF DEATH: <u>April 19,</u> <u>1955</u>				
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED , (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>5 Sept 1887</u>	9. AGE last birthday <u>67</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>House-work</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>			
13. FATHER'S NAME: <u>Andrew J. Stotelmayer</u>			14. MOTHER'S MAIDEN NAME: <u>Sarah A. Miller</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>257 W. 5th St., Mrs. Pierce H. Gaver, Frederick, Md.</u>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>174x</u> IMMEDIATE CAUSE (A) <u>Carcinoma Uterus</u> ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C) DUE TO					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Expectoratory Lung Disease</u>					<u>1 yr.</u>		
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION				
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 18</u> , 19 <u>55</u> , to <u>Apr 18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Apr 18</u> , 19 <u>55</u> , and that death occurred at <u>12:45 PM</u> , from the causes and on the date stated above. SIGNATURE <u>A. Klein</u> ADDRESS <u>Frederick, Maryland</u> DATE SIGNED <u>19 April 1955</u> M. D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>22 April 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>			
DATE REC'D BY LOCAL REGISTRAR <u>19 April 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

BUREAU V. S.

APR 20 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3649 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03636

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Carroll			
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick		LENGTH OF STAY (in this place) 1 month		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital				STREET ADDRESS (If rural give location) Park Ave.			
3. NAME OF DECEASED: (Type or Print) JEFFERSON R. BOONE				4. DATE (Month) (Day) (Year) OF DEATH: April 21, 1955			
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 2-21-1891	9. AGE last birthday 64 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Maintenance man		10B. KIND OF BUSINESS OR INDUSTRY: Lofstrend Co.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Marshall Boone				14. MOTHER'S MAIDEN NAME: Josephine Wilson			
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 216-03-8480		17. INFORMANT & ADDRESS: Mrs. Clara Boone, Mt. Airy, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 420.1							
ANTECEDENT CAUSE (S):							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Coronary thrombosis with infarction of the myocardium.						5 wks.	
(B) Coronary arteriosclerosis						6 yrs +.	
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/25, 1955 , to 4/21, 1955 , that I last saw the deceased alive on 4/21, 1955 , and that death occurred at 5:10 PM , from the causes and on the date stated above.							
SIGNATURE Henry V. Chase				ADDRESS 4 E. Church St DATE SIGNED 4/21/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 4-24-1955		NAME OF CEMETERY Linganore		LOCATION (City, town, or county) (State) Frederick Co. Maryland	
DATE REC'D BY LOCAL REGISTRAR 23 April 1955		REGISTRAR'S SIGNATURE Eligible S. Herb.		24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Maryland		ADDRESS	

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APR 26 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803637
3672
CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Md		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Rural Foxville		Lifetime		TOWN Rural Foxville		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				1			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)				OF DEATH:			
Harry Silas Buhrman				Apr. 20. 1955			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Male		White		Widowed		March 29th, 1883	
						9. AGE last birthday	
						72 yrs.	
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	
						Farmer	
						11. BIRTHPLACE (State or foreign country):	
						Foxville Fredk Co. Md	
						12. CITIZEN OF WHAT COUNTRY?	
						U.S.A	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Sida Buhrman				Mary Jane Buhrman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				17. INFORMANT & ADDRESS:			
No				Theodore F. Buhrman Smithsburg MD			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				8 mos.			
IMMEDIATE CAUSE				(A) Heart disease, Coronary type			
ANTECEDENT CAUSE (S)				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) DUE TO			
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				None			
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
None							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21C. WHERE DID (City or town) (County) (State)				INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour)				21E. INJURY OCCURRED			
OF INJURY				While <input type="checkbox"/> Not while <input type="checkbox"/>			
M.				at work <input type="checkbox"/> at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Aug 13, 1954, to Apr. 19, 1955, that I last saw the deceased alive on Apr. 13, 1955, and that death occurred at 11 A.M. from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
James K. Gray				Thurmont Md. 4/21/55			
M. D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				NAME OF CEMETERY OR CREMATORY			
Burial				United Brethren Cem. Thurmont Fredk. Co. MD			
DATE REC'D BY LOCAL REGISTRAR				24. FUNERAL DIRECTOR ADDRESS			
4/22/55				A. L. Creager & Son Thurmont. Md			

BUREAU V.S.

APR 25 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03638

3650

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural R.F.D.#3</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>Yellow Springs</u>					
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <u>THOMAS</u>		(Middle) <u>RICHARD</u>		(Last) <u>CANNON</u>		DATE: <u>April 6, 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>March 6, 1916</u>		9. AGE last birthday <u>39</u> yrs.	IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Press Operator</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Aluminum Co.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME: <u>Roy A. Cannon</u>				14. MOTHER'S MAIDEN NAME: <u>Bertha M. Linton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>214-10-3577</u>		17. INFORMANT & ADDRESS: <u>Mrs. Glendora S. Cannon, Frederick R.D.#3, Md</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>Today</u>	
ANTECEDENT CAUSE (S) DUE TO <u>Malignant Hypertension</u>						<u>4 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (B) <u>Nephritis</u>						<u>4 yrs</u>	
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>54</u> , to <u>April</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 6, 1955</u> , and that death occurred at <u>3:45 P.</u> from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS <u>Frederick, Maryland</u>		DATE SIGNED <u>4/7/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Apr. 9, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick County, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>April 9, 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

BUREAU V. S.

APR 12 1965

RECEIVED

3673

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Libertytown LENGTH OF STAY (in this place) 2 years
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Libertytown X
 STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

4. DATE

(Month)

(Day)

(Year)

(Type or Print)

MARTHAL.DAVIS

OF DEATH:

April71955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR

IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause

(a)

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

7 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED

While at Work ☐Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from June, 1954, to April, 1955, that I last saw the deceased alive on 4-1-, 1955, and that death occurred at 2:05 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

BUREAU V. S.

APR 12 1955

RECEIVED

3651

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE MARYLAND	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) 25 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1611 Rosemont Ave		STREET ADDRESS (If rural give location) 1611 Rosemont Ave	
3. NAME OF DECEASED: (Type or Print) Bessie Lee Dubel		4. DATE OF DEATH: (Month) (Day) (Year) April 21, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Aug. 22, 1887
9. AGE last birthday: 67 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Frederick Co. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME: Jacob V McDonald	
14. MOTHER'S MAIDEN NAME: Clara V Routzahn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No	
16. SOCIAL SECURITY No.: No		17. INFORMANT & ADDRESS: James N. Dubel 1611 Rosemont Ave. Fred	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Subarachnoid hemorrhage		4 days
Immediate cause DUE TO		
(b) Hypertensive Cardiovascular disease		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO		
(c) with healed dissecting aortic aneurysm		3 yrs. +
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4/17 , 1955, to 4/21 , 1955, that I last saw the deceased alive on 4/20 , 1955, and that death occurred at 2 AM , from the causes and on the date stated above.		
SIGNATURE Henry V. Chase M.D.		DATE SIGNED 4/21/55
ADDRESS 4 E. Church St.		
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF Apr. 25, 1955	NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.
LOCATION (City, town, or county) Frederick	(State) MD	
DATE REC'D BY LOCAL REGISTRAR 23 April 1955	REGISTRAR'S SIGNATURE Elizabeth B. Herb.	24. FUNERAL DIRECTOR M. L. Creager & Son
ADDRESS Thutmont. MD		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 26 1955

RECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03641

3652

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>9 days</u>		If outside corporate limits, write RURAL and give nearest town OR TOWN <u>Walkersville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred. Memorial Hosp.</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (First) <u>MILTON</u> (Middle) <u>—</u> (Last) <u>EYLER</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>April 8 1955</u>			
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Married Nov. 2, 1869</u>	8. DATE OF BIRTH: <u>Nov. 2, 1869</u>	9. AGE last birthday <u>86</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Own farm</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>Martin Eyer</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS: <u>Mrs. Milton Eyer, Walkersville, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Hemorrhage</u>						<u>9 days</u>	
ANTECEDENT CAUSE (S) <u>Prostate hypertrophy</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Cardiac decompensation</u>						<u>7 days</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>4/6/55</u>		19B. MAJOR FINDINGS OF OPERATION: <u>Bleeding from prostate gland</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 30th</u> , 1955, to <u>Apr. 8</u> , 1955, that I last saw the deceased alive on <u>Apr. 8</u> , 1955, and that death occurred at <u>4:45 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Marcell Belt</u>		ADDRESS <u>Frederick, Md.</u>		DATE SIGNED <u>Apr. 9 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4/11/55</u>		NAME OF CEMETERY OR CREMATORY <u>Glade cemetery</u>		LOCATION (City, town, or county) (State) <u>Walkersville, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>9 April 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Herb.</u>		24. FUNERAL DIRECTOR <u>G.C. Barton</u>		ADDRESS <u>Walkersville, Md.</u>	

RECEIVED

APR 11 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3653 CERTIFICATE OF DEATH

03642

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE MD	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) 8 hr.	CITY (If outside corporate limits, write RURAL OR TOWN) Thurmont	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital		STREET ADDRESS (If rural give location) /	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) CHARLES	(Middle) RALPH	(Last) Fornwald	(Month) Apr. (Day) 16. (Year) 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Nov. 24. 1875
9. AGE last birthday: 79 yrs.		10. BIRTHPLACE (State or foreign country): Reading Penna	
11. BIRTHPLACE (State or foreign country): U.S.A		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Wm. Fornwald		14. MOTHER'S MAIDEN NAME: Hattie Rhodes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: No	
17. INFORMANT & ADDRESS: Ralph E. Fornwald Thurmont Md			

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause: 422.1		18 hours
Antecedent causes (s): Arteriosclerotic Cardiovascular Disease		several years
DUE TO		
DUE TO		
(260X)		

11. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19a. DATE OF OPERATION:		
19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) SUICIDE		
PLACE (Home, farm, factory, street, office bldg., etc.)		
(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY		
INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		
HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/15 , 19 55 , to 4/16 , 19 55 , that I last saw the deceased alive on 4/16 , 19 55 , and that death occurred at 6:30 AM , from the causes and on the date stated above.			
SIGNATURE E. P. Dettman		DATE SIGNED 4/16/55	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Apr. 19. 1955	
NAME OF CEMETERY OR CREMATORY Blue Ridge Cem.		LOCATION (City, town, or county) (State) Thurmont Fredk CO. Md	
DATE REC'D BY LOCAL REGISTRAR 18 April 1955		REGISTRAR'S SIGNATURE Elizabeth L. Heise	
24. FUNERAL DIRECTOR M.L. Creager & Son		ADDRESS Thurmont MD	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 19 1955

RECEIVED

3674
CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick				STATE Md COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural Thurmont				CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural Thurmont			
TOWN Rural Thurmont				TOWN Rural Thurmont			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED:		(First) Emma		(Middle) Jane		(Last) Freshman	
(Type or Print)						4. DATE (Month) (Day) (Year) OF DEATH: April 13 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months Days Hours Min.		
Female	White	Married	Feb 5th. 1877	78 yrs.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
Housewife				Own Home		Thurmont R.D. Md	
12. CITIZEN OF WHAT COUNTRY?				U.S.A.			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John T. Brice				Arabella			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.		17. INFORMANT & ADDRESS:			
No		No		Martin L. Freshman Thurmont. MD			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cerebral Hemorrhage							7 mos.
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(1904.7) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
Fracture of l. hip.							5 mos.
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 15 , 19 54 to Apr. 13 , 19 55 , that I last saw the deceased alive on Apr. 13 , 19 55 and that death occurred at 3:30 P. M, from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
James K. Gray		Thurmont Md.		Apr. 14-1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, of county) (State)	
Burial		Apr. 16th. 1955		U.B. Cemetery		Thurmont. Fredk Co. MD	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
April 15/1955		Blanche S. Eyles		A.L. Creager & Son		Thurmont MD	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 18 1955

RECEIVED

3675
CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
X Frederick-Rural R.D.#1		Months		Frederick-Rural R.D. #1		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
Near Walkersville,				Near Walkersville			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)				OF DEATH: April 20, 1955			
MARGARET ELLEN GEISBERT							
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Female		White		Widow		January 30, 1874	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
81 yrs.		Months		Days		Hours	
						Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
Housework				Home		Maryland	
12. CITIZEN OF WHAT COUNTRY?				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
William Snauffer				Elizabeth Shaffer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
No				No		None	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Myocardial arteriosclerotic cardio-				1 month			
DUE TO hypertension							
(B) generalized arteriosclerosis				1 wk			
DUE TO							
(C)				years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-1 , 19 54 , to 4-20 , 19 55 , that I last saw the deceased alive on 4-19 , 19 55 , and that death occurred at 4:30 M , from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
Reed Martin				Frederick, Maryland		4/21/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial				Apr. 23, 1955		Methodist Cemetery	
24. FUNERAL DIRECTOR				ADDRESS			
M. R. Etchison & Son				Frederick, Maryland			

MARGIN RESERVED FOR BINDING

RECEIVED

APR 22 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03645
3676 CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Myersville</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) <i>Alta</i>		(Middle) <i>V.</i>		(Last) <i>Grossnickle</i>		OF DEATH: <i>4</i> <i>4</i> <i>1955</i>	
5. SEX: <i>female</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>widow</i>	8. DATE OF BIRTH: <i>9-1-1876</i>	9. AGE last birthday: <i>78</i> yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>housewife</i>				10B. KIND OF BUSINESS OR INDUSTRY: <i>own home</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>							
13. FATHER'S NAME: <i>Ezra Harshman</i>				14. MOTHER'S MAIDEN NAME: <i>Louise Leatherman</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service): <i>no</i>				16. SOCIAL SECURITY No. <i>none</i>		17. INFORMANT & ADDRESS: <i>Joseph Grossnickle, Middletown, Md.</i>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <i>Coronary Occlusion</i>						15 min	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C) <i>Arteriosclerosis</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR? <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov</i> , 1954, to <i>Apr. 4</i> , 1955, that I last saw the deceased alive on <i>Mar. 31</i> , 1955, and that death occurred at <i>9:10</i> AM, from the causes and on the date stated above.							
SIGNATURE <i>J. E. Harp</i>		ADDRESS <i>Middletown</i>		M. D. <i>Middletown</i>		DATE SIGNED <i>4-5-55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>4-6-1955</i>		NAME OF CEMETERY OR CREMATORY <i>U.B. Cemetery</i>		LOCATION (City, town, or county) (State) <i>Myersville Md</i>	
DATE REC'D BY LOCAL REGISTRAR <i>April 6-1955</i>		REGISTRAR'S SIGNATURE <i>Shoy M. Bittle</i>		24. FUNERAL DIRECTOR <i>Gladhill Co.</i>		ADDRESS <i>Middletown, Md.</i>	

BUREAU V. S.

APR 11 1955

RECEIVED

3677 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN Doubs Doubs	Years	TOWN Doubs	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
100		1	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
IDA BELL HAWES		OF DEATH: April 8, 19 55	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
Female	White	Widow	February 3, 1878
9. AGE last birthday		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
77 yrs.		Housework	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Virginia		USA	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
George F. Heffner		Margaret Shafer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
Mrs. Millard Wilt, Doubs, Maryland		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
		INTERVAL BETWEEN ONSET AND DEATH	
420.1		15 min	
IMMEDIATE CAUSE		(A) Probable Coronary Occlusion	
ANTECEDENT CAUSE (S)		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) Acute Myocardial Infarction	
		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		4240	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
		Myocardial Infarction - Primary site undetermined	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 3, 1954, to 3/6, 1955 that I last saw the deceased alive on 3/6, 1955, and that death occurred at 8:55 P.M., from the causes and on the date stated above.			
SIGNATURE		ADDRESS	
C. Belton Brice		Jefferson, Maryland	
M. D.		DATE SIGNED	
		4/9/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		Apr. 11, 1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Union Cemetery		Lovettsville, Virginia	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR ADDRESS	
April 9, 1955		M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

APR 12 1955

RECEIVED

3673

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>md.</i>		COUNTY <i>Fred.</i>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<i>X</i> <i>Myersville</i>		<i>2 weeks</i>		<i>Hagerstown</i> <i>X</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<i>00</i>				<i>1</i>			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)				OF DEATH: 4 18 1955			
<i>Albert E. Hays</i>							
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<i>male</i>	<i>white</i>	<i>married</i>	<i>1-11-1874</i>	<i>81</i> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<i>farm owner</i>				<i>farm</i>		<i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME:			
<i>U.S.</i>				<i>John O. Hays</i>			
14. MOTHER'S MAIDEN NAME:				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			
<i>Catherine S. Fox</i>				<i>no</i>			
16. SOCIAL SECURITY NO.				17. INFORMANT & ADDRESS:			
<i>none</i>				<i>Mrs. Samuel Rutzow, Myersville, Md.</i>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <i>Cardio-Renal-Vascular disease</i>						<i>4 yrs.</i>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug -</i> , 19 <i>50</i> , to <i>April 18</i> , 1955, that I last saw the deceased alive on <i>Apr 17 1955</i> , 19 <i>55</i> , and that death occurred at <i>4:50 AM</i> , from the causes and on the date stated above.							
SIGNATURE <i>J. E. Hays</i>		ADDRESS <i>Middletown</i>		DATE SIGNED <i>4-19-55</i>			
M.D. <i>J. E. Hays</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>4-20-1955</i>		<i>Lutheran Cemetery</i>		<i>Hagerstown Md.</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
<i>April 20-55</i>		<i>Floyd M. Bittle</i>		<i>Glaskill Co., Middletown, Md.</i>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AMERICAN
ACCEPTANCE BANK
COTTON TRADING CO. INC.

BUREAU V. S.

APR 22 1955

RECEIVED

03648

Reg. Dist.

No. 145

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY FREDERICK		MARYLAND		STATE MARYLAND COUNTY FREDERICK			
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN NR. SMITHSBURG		LENGTH OF STAY (in this place) LIFE		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN NR. SMITHSBURG		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #1				STREET ADDRESS (If rural, give location) RD #1			
3. NAME OF DECEASED:				4. DATE OF DEATH			
(First) WILLIAM		(Middle) TECUMSEH		(Last) HAYS		(Month) (Day) (Year) APRIL 17, 1955	
5. SEX: MALE		6. COLOR OR RACE: WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED		8. DATE OF BIRTH: MARCH 8, 1883	
				9. AGE last birthday: 72 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER		10b. KIND OF BUSINESS OR INDUSTRY: FARM-QUARRY		11. BIRTHPLACE (State or foreign country): MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
HENRY CLAY HAYS				SUSAN JOHNSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO		16. SOCIAL SECURITY No.: 213-18-0742		17. INFORMANT & ADDRESS: ALMA HAYS, RD #1 NR. SMITHSBURG, MD.			

18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						1 DAY	
420.0 Immediate cause		(a) ACUTE MYOCARDIAL INFARCTION					
		DUE TO					
Antecedent cause(s)		(b) ARTERIO SCLEROTIC HEART DISEASE				YRS	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		DUE TO					
		(c)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. NONE		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.					
Robert J. J. J.		4-17-55					
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		APRIL 19, 1955		U. B. GARFIELD		GARFIELD-FREDERICK, MD	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
APR 18, 1955		Elroy M. Bittle		DAVE F. BITTLE, Myersville, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

BUREAU V. S.

APR 20 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3654

CERTIFICATE OF DEATH

Reg. Dist. No. 131

03649

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Since 2/10/55	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 North Market Street	STREET ADDRESS (If rural give location) Rocky Springs		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) MARY	(Middle) ELIZABETH	(Last) HILDEBRAND	OF DEATH: April 20, 1955
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 8 June 1870
9. AGE last birthday 84 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Edward Stup		14. MOTHER'S MAIDEN NAME: Victoria Wickham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: W. Sherwood Hildebrand, RD#5, Frederick, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Carcinoma stomach			9 months
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1952 , to April 20, 1955 , that I last saw the deceased alive on April 19, 1955 , and that death occurred at 3:20 P M , from the causes and on the date stated above.			
SIGNATURE Bernard P. Thomas Jr.		ADDRESS M. D. Frederick, Maryland	
DATE SIGNED 22 April 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 23 Apr 1955	
NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery		LOCATION (City, town, or county) (State) Frederick County Maryland	
DATE REC'D BY LOCAL REGISTRAR 22 April 1955		REGISTRAR'S SIGNATURE Elizabeth B. Hebb	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

APR 25 1955

RECEIVED

3680

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural* Mt. Airy		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Rural - Mt. Airy			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penn Shop Rd.				STREET ADDRESS Penn Shop Rd.		(If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last) Dollie D. Hilderbrand				4. DATE OF DEATH: (Month) (Day) (Year) April 11 1955			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH: July 20, 1877	
9. AGE last birthday: 77 yrs.		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Housewife		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James W. Barrett				14. MOTHER'S MAIDEN NAME: Anna E. Harper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: ----		17. INFORMANT & ADDRESS: Mrs John Phoebus, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 Immediate cause (a) Arteriosclerotic Heart Disease DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Generalized DUE TO (c)				Over 10 years over 10 years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION: —				19b. MAJOR FINDINGS OF OPERATION: —	
21. ACCIDENT SUICIDE HOMICIDE (Specify) No		PLACE (Home, farm, factory, street, office bldg., etc.) —		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY —		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from 3/24 , 19 55 , to 4/11 , 19 55 , that I last saw the deceased alive on 4/11 , 19 55 , and that death occurred at 3:50 P.M. , from the causes and on the date stated above. SIGNATURE William J. Meenan, M.D. (Degree or title) ADDRESS % Boyer Clinic Damascus, Md. 4/13/55 DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Apr. 14, 1955		NAME OF CEMETERY OR CREMATORY St. Pauls	
DATE REC'D BY LOCAL REGISTRAR 4-13-55		REGISTRAR'S SIGNATURE Raymond L. Day		24. FUNERAL DIRECTOR John L. Molesworth, Damascus, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 18 1955

RECEIVED

3681

03651
Reg. Dist. 147

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>FREDERICK</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
<u>X</u> TOWN <u>RURAL - MT. AIRY</u>		<u>5 YRS.</u>		TOWN <u>RURAL - MT. AIRY</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>ROUTE 4</u>				STREET ADDRESS (If rural, give location) <u>RFD 4</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>MILDRED ROSE HOOPER</u>				<u>APRIL 16, 1955</u>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):		8. DATE OF BIRTH:	
<u>FEMALE</u>		<u>WHITE</u>		<u>MARRIED</u>		<u>8-28-1885</u>	
9. AGE last birthday:		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>69</u> yrs.		<u>HOUSEWIFE</u>		<u>AT HOME</u>		<u>MARYLAND</u>	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME:			
<u>USA</u>				<u>JACOB STITELY</u>			
14. MOTHER'S MAIDEN NAME:				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			
<u>ANNIE</u>				<u>NO</u>			
16. SOCIAL SECURITY No.:				17. INFORMANT & ADDRESS:			
<u>NONE</u>				<u>HARRY A. STITELY, BROTHER, RFD 4, MT. AIRY, MD.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<u>331 X</u> Immediate cause (a) <u>CEREBRAL HEMORRHAGE</u> DUE TO						<u>1 HR.</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)		21c. (City or town) (County) (State)			
<u>NONE</u>		<u>INJURY</u>					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.							
SIGNATURE		<u>Robert J. Julie</u>		CHIEF MEDICAL EXAMINER		DATE SIGNED	
				DEPUTY MEDICAL EXAMINER		<u>4-16-55</u>	
				ASSISTANT MEDICAL EXAM.			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>4-18-1955</u>		<u>Locust Grove</u>		<u>Fred. Co. MARYLAND</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>April 18, 1955</u>		<u>Blaise A. Kumbles</u>		<u>J. M. Waltz</u>		<u>Winfield, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 20 1955

RECEIVED

3682

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Woodsboro</u>		<u>6 mo. 14 days</u>		OR TOWN <u>Woodsboro</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100				1			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First)		(Middle)		(Last)			
EDITH		LILLY		KEENEY		DEATH: April 13 1955	
5. SEX: <u>F</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH: <u>Sept. 29, 1955</u>	
						9. AGE last birthday: <u>6</u> yrs. <u>14</u> months <u>14</u> days <u>1</u> hours <u>1</u> min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Charles Luther Keeneey</u>				14. MOTHER'S MAIDEN NAME: <u>Emma Gruber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.:		17. INFORMANT & ADDRESS: <u>Mr. Charles L. Keeneey, Woodsboro, md</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
754.4 IMMEDIATE CAUSE							
(A) <u>Congenital heart disease, type</u>						<u>liver</u>	
DUE TO <u>undetermined</u>							
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B)							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>hematoma & malnutrition</u>							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 14 1955</u> to <u>13 April 1955</u> , that I last saw the deceased alive on <u>14 March 1955</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
<u>James S. Hauer, Jr. M.D.</u>		<u>Walthamville, Md</u>		<u>14 April 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>4/15/55</u>		<u>mt. Hope</u>		<u>Woodsboro md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>4/14/55</u>		<u>E. C. Pounce</u>		<u>J. C. Barton, Walkersville, md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2094232364
VS. A15 — 10-53

BUREAU V. S.

APR 21 1955

RECEIVED

3684

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Frederick-Rural RD#5		LENGTH OF STAY (in this place) 3 Weeks		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Shookstown				STREET ADDRESS (If rural give location) 718 Motter Avenue			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) MARY		(Middle) MILLER		(Last) KEHNE		OF DEATH: April 25, 19 55	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: 24 March 1892	
9. AGE last birthday: 63 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife		11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Amos Strausbaugh				14. MOTHER'S MAIDEN NAME: Rose Lease			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 718 Motter Ave., Dallas W. Kehne, Sr., Frederick, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Acute Congestive Heart Failure						1 day	
ANTECEDENT CAUSE (S) (B) Arteriosclerotic Heart Disease						1 year	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Chronic Congestive Heart Failure						1 month	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5 Apr., 1955 , to 25 Apr., 1955 , that I last saw the deceased alive on 25 Apr., 1955 , and that death occurred at 3 P M , from the causes and on the date stated above.							
SIGNATURE Thomas C. Shaw				DATE SIGNED 26 April 1955			
ADDRESS M. D. Frederick, Maryland							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Apr. 28, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 28 April 1955		REGISTRAR'S SIGNATURE Elizabeth S. Hebb		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 2 1965

RECEIVED

3685

CERTIFICATE OF DEATH

03654
Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) X Town Frederick-Rural-R.D.#4		CITY (If outside corporate limits, write RURAL and give nearest town) OR Town Frederick R.D.#4-Rural X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Willis Derr Road		STREET ADDRESS (If rural give location) Willis Derr Road	
3. NAME OF DECEASED: (First) (Middle) (Last) HESTER ANNIE KEMP		4. DATE (Month) (Day) (Year) OF DEATH: April 26, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 7, 1886
9. AGE last birthday 68 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James A. Taylor		14. MOTHER'S MAIDEN NAME: Ida Stockman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Charles W. Kemp, Frederick, R.D.#4, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE 420.0			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) Acute pulmonary edema			15-20 min
DUE TO			
(B) Interventricular heart disease			? yrs.
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/26 , 19 55 , to 4/26 , 19 55 , that I last saw the deceased alive on 4/26 , 19 55 , and that death occurred at 10:10 M. , from the causes and on the date stated above.			
SIGNATURE Henry V. Chase		ADDRESS Frederick, Maryland	
DATE SIGNED 4/28/1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Apr. 29, 1955	
NAME OF CEMETERY OR CREMATORY St. Luke's Cemetery		LOCATION (City, town, or county) (State) Feagaville, Maryland	
DATE REC'D BY LOCAL REGISTRAR 29 April 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 2 1955

RECEIVED

3686

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		RURAL LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Buckeystown		10 years		X TOWN Buckeystown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED: (First) Margaret (Middle) Louise (Last) Lee				4. DATE OF DEATH: (Month) April (Day) 11 (Year) 19 55			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED , (Specify): Married		8. DATE OF BIRTH: 4-10-1884	
				9. AGE last birthday: 71 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife				10b. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Maryland	
13. FATHER'S NAME: Augustus Wilson				14. MOTHER'S MAIDEN NAME: Annie Barnum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: J. Tyson Lee-(Son) Urbana- Maryland	

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
420.0 Immediate cause				DUE TO	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.				DUE TO	
				(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Cerebral and pulmonary emboli	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4:10, 1947, to 11 April, 1955, that I last saw the deceased alive on 10 April, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.					
SIGNATURE Charles H. Conley, Jr. M.D.		ADDRESS Frederick Maryland		DATE SIGNED 12 April 1955	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 4-12-1955		NAME OF CEMETERY OR CREMATORY Carrollton Manor Cemetery	
DATE REC'D BY LOCAL REGISTRAR 12 April 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick- Maryland	

MARGIN RESERVED FOR BINDING

STATE OF TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

BUREAU V. S.

APR 13 1955

RECEIVED

3655

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Md	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 Frederick	LENGTH OF STAY (in this place) 1 week	CITY (If outside corporate limits, write RURAL and give nearest town) Thurmont	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Fredk. Memorial Hospital		STREET ADDRESS (If rural give location) /	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) Edgar	(Middle) Russell	(Last) Lewis	(Month) Apr. (Day) 19. (Year) 1955
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Apr. 17. 1892
9. AGE last birthday: 63 yrs.		10. AGE last birthday: Apr. 19. Months 63 Days 19 Hours 19 Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired Orchardist		10b. KIND OF BUSINESS OR INDUSTRY: Apples-Peaches	
11. BIRTHPLACE (State or foreign country): Frederick CO. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: J Hooker Lewis		14. MOTHER'S MAIDEN NAME: Laura V. Kelbaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: No 215-20-7863	
17. INFORMANT & ADDRESS: Donald L. Lewis Thurmont Md			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
442X Immediate cause (a) Nephrosclerosis		2 years	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease		2 years	
(c) Congestive Heart Failure		1 month	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 14 Apr. 1955 , to 19 Apr. 1955 , that I last saw the deceased alive on 19 Apr. 1955 , and that death occurred at 10:22 P.M. , from the causes and on the date stated above.			
SIGNATURE Thurmont C. St...		DATE SIGNED 4-20-55	
ADDRESS M.D.		ADDRESS 463 rd st	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 22. 1955	United Brethren Cem.	Thurmont Fredk Co. Md
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
22 April 1955	Elizabeth H. Hech.	M.L. Creager & Son	Thurmont. MD

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 2

APR 25 1955

RECEIVED

3658

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03657
Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>FREDERICK</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>FREDERICK</u> LENGTH OF STAY (In this place) <u>16 YRS.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>115 W. FIFTH ST.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u> CITY (If outside corporate limits write RURAL and give nearest town) <u>FREDERICK</u> STREET ADDRESS (If rural, give location) <u>115 W. FIFTH ST.</u>	
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3. NAME OF DECEASED: (First) <u>CALVIN</u> (Middle) <u>(NONE)</u> (Last) <u>LIDIE</u> (Type or Print)		4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>4</u> (Year) <u>1955</u>		5. SEX: <u>MALE</u>		6. COLOR OR RACE: <u>WHITE</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>WIDOWER</u>		8. DATE OF BIRTH: <u>JULY 14, 1902</u>		9. AGE last birthday: <u>52</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>CITY</u>		11. BIRTHPLACE (State or foreign country): <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13. FATHER'S NAME: <u>COLEMAN J. LIDIE, SR.</u>		14. MOTHER'S MAIDEN NAME: <u>SALLY MORRISON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>YES</u> (If Yes, give war or dates of service) <u>US NAVY 1919</u>		16. SOCIAL SECURITY No.: <u>217-10-9804</u>		17. INFORMANT & ADDRESS: <u>COLEMAN J. LIDIE, JR., BROTHER</u> <u>208 S. CARROLL ST., FREDERICK, MD.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>976x</u> Immediate cause (a) <u>SHOTGUN WOUND OF CHEST</u> DUE TO Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause DUE TO _____ stating underlying cause last (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>MINS.</u>	
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II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) <u>HOME</u>		21c. (City or town) (County) (State) <u>FREDERICK - FREDERICK - MARYLAND</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>APRIL 4, 1955 8:30 PM</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SHOT SELF - DESPONDENT-SUICIDE NOTE</u>	

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Jurie, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED April 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>April 9, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>9 April 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Herb</u>		24. FUNERAL DIRECTOR ADDRESS <u>C. E. Cline & Son - 8 East Patrick Street</u> <u>Frederick, Maryland</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 11 1965

RECEIVED

3657

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY FREDERICK MARYLAND			STATE MARYLAND COUNTY FREDERICK		
CITY (If outside corporate limits, write RURAL and give nearest town) 11 FREDERICK			CITY (If outside corporate limits, write RURAL and give nearest town) 11 FREDERICK		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 HOME FOR THE AGED			STREET ADDRESS (If rural give location) 115, RECORD, ST.		
3. NAME OF DECEASED: (First) SARAH (Middle) HOWARD (Last) MAYNARD			4. DATE OF DEATH: (Month) April (Day) 14 , (Year) 1955		
5. SEX: Female		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.		8. DATE OF BIRTH: July 30, 1868
9. AGE last birthday: 86 yrs.		10. MONTHS: 8		11. DAYS: 14	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Pub. Hlth. Nurse			10b. KIND OF BUSINESS OR INDUSTRY:		
11. BIRTHPLACE (State or foreign country): Frederick County Maryland			12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: Howard G. Maynard			14. MOTHER'S MAIDEN NAME: Sarah Newton Chiswell		
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)			16. SOCIAL SECURITY No.:		
17. INFORMANT & ADDRESS: Records of HOME FOR THE AGED, FREDERICK, MD.					

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
151X Immediate cause (a) Probable Carcinoma of Stomach				6-8 mos.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1955 , to 14 Apr 1955 , that I last saw the deceased alive on 14 Apr 1955 , and that death occurred at 12 Noon , from the causes and on the date stated above.					
SIGNATURE Charles H. Conley, M.D.		(Degree or title)		ADDRESS Frederick, Md DATE SIGNED 4/15/55	
23. BURIAL, CREMATION, (Specify)		DATE THEREOF April 18, 1955		NAME OF CEMETERY OR CREMATORY CEAR HILL CREMATORY LOCATION (City, town, or county) (State) PRINCE GEORGES COUNTY MD.	
DATE REC'D BY LOCAL REGISTRAR 15 April 1955		REGISTRAR'S SIGNATURE Elizabeth S. Heck		24. FUNERAL DIRECTOR ROBERT E. DAILEY, FREDERICK, MD.	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 18 1955

RECEIVED

3687

CERTIFICATE OF DEATH

Reg. Dist. No. 130

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland COUNTY Frederick			
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#6		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#6			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bartonsville				STREET ADDRESS (If rural give location) Bartonsville			
3. NAME OF DECEASED: (Type or Print)		(First)		(Middle)		(Last)	
ROY		EDWARD		MEALEY			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single		8. DATE OF BIRTH: March 13, 1878	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Mds. Store		10B. KIND OF BUSINESS OR INDUSTRY: Owner		9. AGE last birthday: 77 yrs.		4. DATE (Month) (Day) (Year) OF DEATH: April 28, 1955	
11. BIRTHPLACE (State or foreign country): Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Charles Mealey				14. MOTHER'S MAIDEN NAME: Catherine Sheets			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				16. SOCIAL SECURITY NO.: None		17. INFORMANT & ADDRESS: Miss Bertha Lare, Frederick, R.D.#6, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Osteo-sclerotic Heart Disease							
ANTECEDENT CAUSE (B) Cardiac Decompensation							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr. 18, 1955 to Apr. 28, 1955 that I last saw the deceased alive on Apr. 25, 1955 and that death occurred at 1:30 AM , from the causes and on the date stated above.							
SIGNATURE H. Fisher		M. D.		ADDRESS Frederick, Maryland		DATE SIGNED 4/29/1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Apr. 30, 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 29 April 1955		REGISTRAR'S SIGNATURE Lucian K. Falconer		24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland			

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAY 20 1955

RECEIVED

03659

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3653

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 326 Park Avenue		STREET ADDRESS (If rural give location) 326 Park Avenue	
3. NAME OF DECEASED: (First) (Middle) (Last) ROY CLEVELAND MICHAEL		4. DATE (Month) (Day) (Year) OF DEATH: April 19, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 15 June 1881
9. AGE last birthday 73 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Frederick A. Michael		14. MOTHER'S MAIDEN NAME: Alice J. Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: 214-10-3889	
17. INFORMANT & ADDRESS: 107 E. Church St., Russell L. Michael, Frederick, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) Unknown		4 days
ANTECEDENT CAUSE (S) DUE TO (B) Cerebral thrombosis		4 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X) (C) Arteriosclerosis & Diabetes Mellitus		5 yrs &
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 10, 1940**, to **April 19, 1955**, that I last saw the deceased alive on **April 19, 1955**, and that death occurred at **6 A** M, from the causes and on the date stated above.

SIGNATURE **B. L. Thomas** ADDRESS **M. D. Frederick, Maryland** DATE SIGNED **19 April 1955**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 21 April 1955	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
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DATE REC'D BY LOCAL REGISTRAR 19 April 1955	REGISTRAR'S SIGNATURE Elizabeth G. Hark	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland
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MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 20 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03660

3659

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 67 Years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 32 East Third Street			
3. NAME OF DECEASED: (First) (Middle) (Last) EDWARD WASHINGTON MILLER				4. DATE (Month) (Day) (Year) OF DEATH: April 22, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. STATUS MARRIED WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 24 Oct 1867	9. AGE last birthday 87 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman			10B. KIND OF BUSINESS OR INDUSTRY: Fertilizer Co.		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John L. Miller				14. MOTHER'S MAIDEN NAME: Julia E. Shawn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 32 E. 3rd St., Miss Elva Earle Miller, Frederick, Md.		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 420.0			(A) Congestive Heart failure			1 week	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (240X)			(B) Arteriosclerotic Heart Disease			? yrs.	
			(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Anemia and Diabetes mellitus							? yrs.
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4/18 , 1955, to 4/22 , 1955, that I last saw the deceased alive on 4/22 , 1955, and that death occurred at 9:30 PM , from the causes and on the date stated above.							
SIGNATURE Henry V. Chase				ADDRESS Frederick, Maryland		DATE SIGNED 25 April 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 25 April 1955		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 25 April 1955		REGISTRAR'S SIGNATURE Elizabeth G. Hack		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

RECEIVED

APR 26 1935

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 141

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR		TOWN	
35 TOWN Brunswick				TOWN Brunswick		35	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		West "B" St. at Dayton St.		STREET ADDRESS (If rural, give location)		West "B" St. at Dayton St.	
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
Charles Leslie Moats				April 23, 19 55			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
Male	White	Widowed	8-20-1883	71 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Brakeman		Railroad		Maryland			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John Moats				Alice V. Cline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		705-05-7925		Douglas A. Moats, Silver Spring, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
981X Immediate cause (a) Shotgun wound of chest						Mins.	
DUE TO							
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Brunswick - Frederick - Maryland		Home					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
April 23, 1955 2:30pm				Shot by unknown person, shotgun			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input checked="" type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		Robert J. Furie, M. D.		CHIEF MEDICAL EXAMINER		DATE SIGNED	
				DEPUTY MEDICAL EXAMINER		4-25-55	
23. BURIAL, CREMATION, REMOVAL		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		4-26-55		Reformed		Knoxville, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
April 26-55		Ruth H. Brown		C.H. Feete and Bro. Brunswick, Md.			

03661

BUREAU V. S.

MAY 2 1955

RECEIVED
MAY 2 1955

3660

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 433 West Patrick Street	STREET ADDRESS (If rural give location) 433 West Patrick Street		
3. NAME OF DECEASED: (Type or Print) FLORENCE MARGARET OLDFIELD		4. DATE (Month) (Day) (Year) OF DEATH: April 20, 19 55	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: July 22, 1911
9. AGE last birthday 43 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Laundry	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William C. Smith		14. MOTHER'S MAIDEN NAME: Florence R. Eyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 579-30-1784	
17. INFORMANT & ADDRESS: 433 West Patrick St. Mrs. Florence R. Eyer, Frederick, Maryland			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) arteriosclerotic heart disease		3 years
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-29**, 19**53**, to **4-18**, 19**55** that I last saw the deceased alive on **4-18**, 19**55**, and that death occurred at **2:30 M.** from the causes and on the date stated above.

SIGNATURE [Signature]	M. D. Frederick, Maryland	DATE SIGNED 4/21/1955
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Apr. 23, 1955	NAME OF CEMETERY OR CREMATORY Mount Olivet Demetery
		LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 April 1955	REGISTRAR'S SIGNATURE [Signature]	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland
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MARGIN RESERVED FOR BINDING

RECEIVED

APR 22 1955

BUREAU V. S.

3661
CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>112 East Street</u>				STREET ADDRESS (If rural give location) <u>112 East Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>MARTHA BEANER PALMER</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>April 18, 1955</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>February 11, 1889</u>	9. AGE last birthday <u>66</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME: <u>Vincent Beaner</u>				14. MOTHER'S MAIDEN NAME: <u>Alice (Last Name Unknown)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: <u>Maynard Palmer, 112 East Street, Frederick, Md.</u>		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>B. anthracis</u>						<u>2 weeks</u>	
DUE TO							
ANTECEDENT CAUSE (S) (B) <u>Acute Psychonephritis</u>						<u>2 weeks</u>	
DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Carcinomatosis</u>						<u>1 year</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>March 15, 1955</u> , to <u>18 Apr., 1955</u> , that I last saw the deceased alive on <u>18 Apr.</u> , 1955, and that death occurred at <u>2:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Stine</u>				M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>4/18/1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Apr. 20, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>19 April 1955</u>		REGISTRAR'S SIGNATURE <u>E. J. H. Heck</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 20 1955

RECEIVED

3688

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
<input checked="" type="checkbox"/> (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Adamstown-Rural R.D.#1,</u>		LENGTH OF STAY (in this place) <u>4 Years</u>		<input checked="" type="checkbox"/> (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Adamstown-Rural R.D.#1,</u>		<input checked="" type="checkbox"/>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Doubs</u>				STREET ADDRESS (If rural give location) <u>Near Doubs</u>			
3. NAME OF DECEASED: (Type or Print)		(First) <u>WILLIAM</u>		(Middle) <u>PHILIP</u>		(Last) <u>RANNEBERGER</u>	
4. DATE OF DEATH:		(Month) <u>April</u>		(Day) <u>1,</u>		(Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widower</u>	8. DATE OF BIRTH: <u>May 24, 1867</u>	9. AGE last birthday <u>87</u> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
		Months	Days	Hours	Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Tenant</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Farm</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Robert S. Ranneberger</u>				14. MOTHER'S MAIDEN NAME: <u>Virginia Eader</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Elizabeth Hickman, Adamstown R.D.#1, Md.</u>			
		(If Yes, give war or dates of service) <u>No</u>					
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>420.0</u> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.						<u>24 hours</u> <u>2 1/2 yrs.</u> <u>3 yrs.</u>	
(A) <u>Acute Congestive failure</u> DUE TO (B) <u>Arterio-sclerotic Heart dis./w</u> DUE TO <u>intermittent failure</u> (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Cerebral Thrombosis</u>							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from , 1951, to 1 April, 1955, that I last saw the deceased alive on 1 April, 1955, and that death occurred at 11:20M, from the causes and on the date stated above.							
SIGNATURE <u>Charles H. Bailey</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>4/3/1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>April 14, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4 April 1955</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Webb</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

APR 5 1955

RECEIVED

3662

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Frederick</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Fred.</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>11 Frederick</i>	LENGTH OF STAY (in this place) <i>3 weeks</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural Frederick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>69 Fred. Mem. Hospital</i>		STREET ADDRESS (If rural give location) <i>1</i>	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <i>Howard</i>	(Middle) <i>E.</i>	(Last) <i>Riddlemoser</i>	(Month) <i>4</i> (Day) <i>8</i> (Year) <i>1955</i>
5. SEX: <i>male</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>widowed</i>	8. DATE OF BIRTH: <i>8-19-1877</i>
9. AGE last birthday: <i>77</i> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <i>nightman, ret.</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>watchman</i>	
11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME: <i>Marion F. Riddlemoser</i>		14. MOTHER'S MARRIAGE NAME: <i>Margaret Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <i>218-24-1959</i>	
17. INFORMANT'S ADDRESS: <i>Charles E. Riddlemoser, Frederick, Md.</i>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Interval Between Onset And Death
420.0 Immediate cause (a) <i>Congestive heart failure</i> DUE TO			<i>1 month</i>
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>arteriosclerotic heart disease</i> DUE TO			<i>5 yrs +</i>
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Bronchitis</i>			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3/21</i> , 1955, to <i>4/8</i> , 1955, that I last saw the deceased alive on <i>4/8</i> , 1955, and that death occurred at <i>9:04 AM</i> , from the causes and on the date stated above. SIGNATURE <i>Henry V. Chase M.D.</i> ADDRESS <i>4 E. Church St. Frederick</i> DATE SIGNED <i>4/8/55</i>			
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>4-11-1955</i>	<i>Reformed Cemetery</i>	<i>Middletown Md.</i>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<i>11 April 1955</i>	<i>Elizabeth G. Herb</i>	<i>Gladhill Co.</i>	<i>Middletown, Md.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR - 12 1955

BUREAU V. S.

3663

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE MD	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick	LENGTH OF STAY (in this place) 3 Mo	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Thurmont	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital		STREET ADDRESS (If rural give location) 1	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) Sarah	(Middle) Elizabeth	(Last) Ridenour	(Month) April (Day) 13 (Year) 1955
5. SEX: Female		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	
6. COLOR OR RACE: White		8. DATE OF BIRTH: April 8th. 1904	
9. AGE last birthday: 51 yrs.		10. BIRTHPLACE (State or foreign country): Thurmont R.D. Fredk Co.	
11. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME: Charles H. Grable		14. MOTHER'S MAIDEN NAME: Harriette Ann Mumford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown.) No		16. SOCIAL SECURITY No.: 219-14-9487	
17. INFORMANT & ADDRESS: Guy A. Ridenour Thurmont R.D. Md			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
416X Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		2-3 months 10 yrs +
(a) Multiple emboli (arterial) to brain, arm, legs with gangrene DUE TO (b) Rheumatic heart disease with curricular fibrillation and failure DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2/1 , 1955, to 4/13 , 1955, that I last saw the deceased alive on 4/13 , 1955, and that death occurred at 9:30 PM , from the causes and on the date stated above.		
SIGNATURE Henry V Chase (Degree or title)		DATE SIGNED 4/14/55
ADDRESS M. P. 48 Church St Frederick		
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY
Burial	Apr. 17th. 1955	United Brethren Cem. Thurmont. Fredk Co. MD
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
16 April 1955	Elizabeth B. Heck	M.L. Creager & Son Thurmont. MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 19 1955

RECEIVED

3689

03667

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 131

1. PLACE OF DEATH:

COUNTY

FREDERICK

MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL
 OR and give nearest town)

TOWN RURAL-FREDERICK

LENGTH OF STAY
(in this place)

LIFE

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

MT. PHILIP ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK

CITY (If outside corporate limits write RURAL and give nearest town)

TOWN FREDERICK

STREET
ADDRESS

118 S. JEFFERSON ST.

3. NAME OF
DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

CORNELIUS

HENRY

ROBERTS

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

APRIL 1,

1955

5. SEX:

MALE

6. COLOR OR
RACE:

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): MARKED

8. DATE OF BIRTH:

July 30, 1893

9. AGE last birthday:

61

yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Farm10b. KIND OF BUSINESS OR
INDUSTRY:

Owner

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

USA

13. FATHER'S NAME:

Henry Roberts

14. MOTHER'S MAIDEN NAME:

Cordelia Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

No

16. SOCIAL SECURITY No.:

211-32-2619

17. INFORMANT & ADDRESS:

118 South Jefferson St.
Mrs. Edna S. Roberts, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) DUE TO

STRANGULATION BY HANGING

Antecedent cause(s)

Diseases or conditions, if any, (b)
 giving rise to the above cause DUE TO
 stating underlying cause last (c)

INTERVAL BETWEEN
ONSET AND DEATH

Ca 30'

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY FARM

21c. (City or town)

(County)

(State)

NR. FREDERICK - FREDERICK - MD.

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY APRIL 1, 1955 6:15 PM21e. INJURY OCCURRED
While at Not while
work ☐ at work ☐21f. HOW DID INJURY OCCUR? HUNG SELF IN
PIG PEN ON FARM22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and
find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. Furie,

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
April 1, 195523. BURIAL, CREMATION,
REMOVAL (Specify):

Burial

DATE THEREOF

April 4, 1955

NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

LOCATION (City, town, or county)

Middletown, Maryland

(State)

DATE REC'D BY LOCAL
REG.

April 1955

REGISTRAR'S SIGNATURE

Elizabeth B. Heck

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 27 1955

RECEIVED

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

 03668
 Reg. Dist.

No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>FREDERICK</u>	MARYLAND	STATE <u>MARYLAND</u>	COUNTY <u>FREDERICK</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>FREDERICK</u>	LENGTH OF STAY (in this place) <u>6 HRS.</u>	CITY (If outside corporate limits write RURAL and give nearest town) <u>FREDERICK</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>ODD FELLOWS HOME BLDG.</u>		STREET ADDRESS (If rural, give location) <u>26 W. SIXTH ST.</u>	

3. NAME OF DECEASED: (Type or Print) <u>ABERDEEN DUNN ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18, 1955</u>		
5. SEX: <u>MALE</u>	6. COLOR OR RACE: <u>NEGRO</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>MAR. 3, 1900</u>	9. AGE last birthday: <u>55</u> yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>JANITOR LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY: <u>YORK-PA.</u>		11. BIRTHPLACE (State or foreign country): <u>YORK-PA.</u>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME: <u>Unknown</u>		
14. MOTHER'S MAIDEN NAME: <u>Unknown</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>yes W.W.I</u>		
16. SOCIAL SECURITY No.: <u>217-10-0261</u>			17. INFORMANT & ADDRESS: <u>Josephine M. Robinson 13 W. 5th St.</u>		

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	(a) <u>420.0</u> Immediate cause DUE TO <u>CORONARY ARTERY OCCLUSION</u>	<u>MINS.</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO	<u>YRS.</u>
(c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <u>NONE</u>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Junie CHIEF MEDICAL EXAMINER ☐ DATE SIGNED April 18, 1955
 M. D. DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

23. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>	DATE THEREOF <u>4-22-55</u>	NAME OF CEMETERY OR CREMATORY <u>Fair View</u>	LOCATION (City, town, or county) (State) <u>Frederick Md.</u>
DATE REC'D BY LOCAL REG. <u>21 April 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth H. Hedd.</u>	24. FUNERAL DIRECTOR <u>Charles E. Hicks III</u> ADDRESS <u>Frederick-Md.</u>	

RECEIVED

APR 22 1955

BUREAU V. S.

3690

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. **03669**
No. **139**

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) SABILLASVILLE TOWN SABILLASVILLE LENGTH OF STAY (In this place) LIFE HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick CITY (If outside corporate limits write RURAL and give nearest town) Sabillasville TOWN Sabillasville STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED: (First) ALLEN (Middle) RUSSELL (Last) SMITH (Type or Print)		4. DATE OF DEATH (Month) APRIL (Day) 2 (Year) 1955	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Nov. 12 1896
9. AGE last birthday: 58 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY: Construction	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Lewis Smith		14. MOTHER'S MAIDEN NAME: Emma Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: 198-01-5802	
17. INFORMANT & ADDRESS: Allen F. Smith Frederick R.D. Md		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 996X Immediate cause (a) GUNSHOT WOUND OF HEAD Antecedent cause(s) (b) DUE TO Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State) NR. SABILLASVILLE—FREDERICK—MD.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Ca APRIL 2, 1955 NOON	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? SHOT SELF IN HEAD WITH .22cal RIFLE	

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE **Robert J. Janie,** CHIEF MEDICAL EXAMINER ☐ DATE SIGNED **Apr. 3, 1955**
 M. D. DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF April 5th, 1955		NAME OF CEMETERY OR CREMATORY Bethel Church of God. Cascade. Fredk Co. MD		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 4/5/55		REGISTRAR'S SIGNATURE J. D. Lyon		24. FUNERAL DIRECTOR M.L. Creager & Son. Thurmont. Md		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1955
BUREAU K. S.

3691

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Fredrick</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Fredrick</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Woodsboro Rural</i>	LENGTH OF STAY (in this place) <i>4 years</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Woodsboro Rural</i>	<i>X</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>near Johnsville</i>		STREET ADDRESS (If rural give location) <i>near Johnsville</i>	<i>1</i>
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <i>MARY</i>	(Middle) <i>ELIZABETH</i>	(Last) <i>STONER</i>	(Month) (Day) (Year) <i>April 10 1955</i>
5. SEX: <i>female</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>married</i>	8. DATE OF BIRTH: <i>12/10/1871</i>
9. AGE last birthday: <i>83 yrs.</i>		10. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME: <i>Adam Fuss</i>		14. MOTHER'S MAIDEN NAME: <i>Elizabeth Woods</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>		16. SOCIAL SECURITY No.: <i>none</i>	
17. INFORMANT & ADDRESS: <i>R. Stoner, Woodsboro Rural Md.</i>			

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause		
(a) DUE TO		
Antecedent causes (s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		
(b) DUE TO		
(c)		

11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED	
m.		While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
HOW DID INJURY OCCUR ?			
22. I hereby certify that I attended the deceased from <i>April 10, 1955</i> to <i>April 10, 1955</i> that I last saw the deceased on <i>April 10, 1955</i> and that death occurred at <i>10:30 PM</i> from the causes and on the date stated above.			
SIGNATURE		DATE SIGNED	
<i>J. H. Moon</i>		<i>April 11, 1955</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	
<i>Burial</i>		<i>4/13/55</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Pipe Creek Cem.</i>		<i>Carroll County, Md.</i>	
DATE RECD BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
<i>April 11, 1955</i>		<i>Leslie A. Kopp</i>	
24. FUNERAL DIRECTOR		ADDRESS	
<i>W. D. Hayter & Sons</i>		<i>Elmow Bridge, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 14 1955

BUREAU V. S.

April 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3665

CERTIFICATE OF DEATH

Reg. Dist. No. 131

03671

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND		STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural R.F.D.#2,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 North Market Street		STREET ADDRESS (If rural give location) On Route U.S.#240	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) (Middle) (Last)		OF DEATH: April 30, 19 55	
ANNIE KATE SWOMLEY			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
Female	White	Widow	November 5, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday
Housework		Home	88 yrs.
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Maryland		USA	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
William Henry Kemp		Henrietta Brengle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT & ADDRESS:			
Mrs. Merle C. Kepler, Middletown, Maryland			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Coronary thrombosis			24 hrs
ANTECEDENT CAUSE (B) Arteriosclerosis			5 yrs. +
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 29, 1955 , to April 30, 1955 , that I last saw the deceased alive on April 29, 1955 , and that death occurred at 7:50 A.M. , from the causes and on the date stated above.			
SIGNATURE E. Thomas		DATE SIGNED 5/1/55	
ADDRESS Frederick, Maryland			
M. D.			
23. BURIAL CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		May 2, 1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Mount Olivet Cemetery		Frederick, Maryland	
24. FUNERAL DIRECTOR		ADDRESS	
M. R. Etchison & Son, Frederick, Maryland			
DATE REC'D BY LOCAL REGISTRAR 2 May 1955		REGISTRAR'S SIGNATURE Elizabeth G. Heck	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1955
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03672

3692

CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 2, Film G181 5-16-55 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		LENGTH OF STAY (in this place) 1 year		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick Buckeystown		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue County Home				STREET ADDRESS (If rural give location) Montevue County Home / None			
3. NAME OF DECEASED: (First) (Middle) (Last) RICHARD THOMAS				4. DATE OF DEATH: (Month) (Day) (Year) April 2 19 55			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: August 18, 1876	
9. AGE: 78 yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Merchant		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Otho Thomas				14. MOTHER'S MAIDEN NAME: Mary Jane Bready			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mr. Edgar Thomas - Jefferson, Maryland			
18. MEDICAL CERTIFICATION							Interval Between Onset and Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							4 days
422.2 Immediate cause							2 yrs.
(a) Pulmonary Edema							
Antecedent causes (s)							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.							
(b) Chronic myocarditis							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952, to Apr 2, 1955, that I last saw the deceased alive on Apr 2, 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
SIGNATURE J. H. Keene M.D.				DATE SIGNED Apr 4, 1955			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		April 4, 1955		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
4 April 1955		Elizabeth B. Hebb		C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			

BUREAU V. S.

APR 5 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3693
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03673

Reg. Dist.

No. 138

1. PLACE OF DEATH:

COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) RURAL-NEW MARKET LENGTH OF STAY (in this place) TRANSIENT
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD RTE 40

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE TENN. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) FOUNTAIN HEAD 79X-3
STREET ADDRESS (If rural, give location) ROUTE 1

3. NAME OF DECEASED:

(First) (Middle) (Last)
(Type or Print) LEWELL HARRISON TOMLINSON

4. DATE OF DEATH (Month) (Day) (Year)
APRIL 7, 1955

5. SEX:

MALE

6. COLOR OR RACE:

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH:

FEB. 21, 1931

9. AGE last birthday:

24 yrs.

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): SOLDIER

10b. KIND OF BUSINESS OR INDUSTRY: U.S. ARMY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Blonnie Andrew Tomlinson

14. MOTHER'S MAIDEN NAME:

Nannie Belle Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Oct 1952 to Aug 1954

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS:

Service Record, Camp Detrick, Frederick, Md.Reenlisted Nov 1954

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

823X
Immediate cause (a) FRACTURED SKULL
DUE TO

Antecedent cause(s)

Diseases or conditions, if any, (b) DUE TO
giving rise to the above cause
stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH
INST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) (County) (State)

NR. NEW MARKET - FREDERICK - MD.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY APRIL 7, 1955 12 AM

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? AUTO IN WHICH PASSENGER LEFT HIGHWAY & OVERTURNED

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

Robert J. Jurie,

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒

DATE SIGNED Apr. 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11 Apr 1955

NAME OF CEMETERY OR CREMATORY Link Cemetery

LOCATION (City, town, or county) (State) Near Portland, Tenn.

DATE REC'D BY LOCAL REG April 8-1955

REGISTRAR'S SIGNATURE Lucian K. Fakorn

24. FUNERAL DIRECTOR

ADDRESS M. R. Etchison and Son, Frederick, Md.

RECEIVED

APR 11 1955

BUREAU V. S.

RECEIVED
BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

3666

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

Frederick

LENGTH OF STAY (in this place)

33 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

110 Monroe Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)

Frederick

STREET ADDRESS

(If rural give location)

110 Monroe Street

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

JOHN

VAN ACORE

4. DATE (Month) (Day) (Year)

OF DEATH:

April 4 1955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, ~~SEPARATED~~, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Male

White

Married

May 23, 1894

60

yrs.

Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

Railroad

11. BIRTHPLACE (State or foreign country):

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

Nathan Van Acore

14. MOTHER'S MAIDEN NAME:

Harriet Van Acore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

Yes

W. War I

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Mrs. John Van Acore - 110 Monroe Street

Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2
Immediate cause

(a) DUE TO

Angina

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

Hypertension & arterio

(c)

sclerosis

Interval Between Onset And Death

15 min.

6 mo. +

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED

While at Work ☐Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to April 4, 1955, that I last saw the deceased

alive on April 4, 1955, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

April 7, 1955

NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

LOCATION (City, town, or county)

Frederick,

(State)

Maryland

DATE REC'D BY LOCAL REGISTRAR

6 April 1955

REGISTRAR'S SIGNATURE

Elizabeth B. Heck

24. FUNERAL DIRECTOR

C. E. Cline & Son - 8 East Patrick Street

Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 11 1955

RECEIVED

3683

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Frederick</i>	MARYLAND	STATE <i>md</i>	COUNTY <i>Frederick</i>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
<i>x</i> TOWN <i>Emmitsburg</i>	<i>10</i>	TOWN <i>Emmitsburg</i>	<i>x</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<i>10</i>		<i>1</i>	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First)	(Middle)	(Month)	(Day) (Year)
<i>ROBERT</i>	<i>B</i>	<i>April</i>	<i>14 1955</i>
(Type or Print)			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<i>M</i>	<i>white</i>		<i>Feb. 8-1860</i>
			9. AGE last birthday
			<i>95</i> yrs
			IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
<i>Carpenter, Carpenter</i>		<i>Emmitsburg Md</i>	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<i>John Walter</i>		<i>Mary Hoffs</i>	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<i>no</i>		<i>no</i>	
17. INFORMANT & ADDRESS:			
<i>Ms. Kelli Walter Emmitsburg</i>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE		
(A) <i>acute myocardial failure</i>		<i>1 day</i>
ANTECEDENT CAUSE (S)		<i>several years</i>
(B) <i>arteriosclerotic cardiovascular disease</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>Jan 45</i> to <i>Apr 14 55</i> , that I last saw the deceased alive on <i>Apr 14 55</i> , and that death occurred at <i>530P</i> M., from the causes and on the date stated above.	
SIGNATURE <i>W. R. Cadle</i>	DATE SIGNED <i>4-15-55</i>
M. D. <i>Emmitsburg Md</i>	

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>Apr 18-1955</i>	<i>St Marys Cmn</i>	<i>Barnesville Mont Co Md</i>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<i>Apr 16-1955</i>	<i>M. F. Shuff</i>	<i>M. F. Oregan</i>	<i>San Thurmout</i>

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 19 1955

BUREAU V. S.

03676

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3667

CERTIFICATE OF DEATH

Reg. Dist. No. 13 |

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Frederick</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>Frederick</i>
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>	LENGTH OF STAY (in this place) <i>weeks</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Johnsville</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Memorial Hospital</i>	STREET ADDRESS (If rural give location) <i>1</i>		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <i>DR EDWARD</i>	(Middle) <i>AUGUSTUS</i>	(Last) <i>WARNER</i>	DATE OF DEATH <i>April 29 1955</i>
5. SEX: <i>M</i>	6. COLOR OR RACE: <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>M</i>	8. DATE OF BIRTH: <i>Aug 2 - 1871</i>
9. AGE last birthday: <i>83</i> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Veterinarian</i>		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME: <i>John Thomas Warner</i>		14. MOTHER'S MAIDEN NAME: <i>Ludie Etaler</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT & ADDRESS: <i>Ralph A Warner, Johnsville, Md</i>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 IMMEDIATE CAUSE			
(A) <i>Arteriosclerotic heart disease</i>			2 yrs.
ANTECEDENT CAUSE (S)			
(B) <i>with congestive failure</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C) <i>Bronchopneumonia, at large</i>			2 wks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Pontatic enlargement - same nature</i>			2-3 yrs
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/10</i> , 1955, to <i>4/29</i> , 1955, that I last saw the deceased alive on <i>4/29</i> , 1955, and that death occurred at <i>6:50</i> P.M. from the causes and on the date stated above.			
SIGNATURE <i>Henry V. Church</i>		DATE SIGNED <i>4/29/55</i>	
ADDRESS <i>M.D. & E. Church St</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>May 2-1955</i>	
NAME OF CEMETERY OR CREMATOR <i>Methodist</i>		LOCATION (City, town, or county) (State) <i>Johnsville Md</i>	
DATE REC'D BY LOCAL REGISTRAR <i>2 May 1955</i>		REGISTRAR'S SIGNATURE <i>Elizabeth Heik</i>	
24. FUNERAL DIRECTOR		ADDRESS <i>Dr. Hartzler's Sons, Union Bridge, Md</i>	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 3 1961

RECEIVED

3668

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Virginia	COUNTY Loudoun
CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick	LENGTH OF STAY (in this place) 9 Days	CITY (If outside corporate limits, write RURAL and give nearest town) Lovettsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) 83 X -3	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) LAURA	(Middle) ELMA	(Last) WERKING	
(Type or Print)		April 13, 1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
Female	White	Single	11 Oct 1889
9. AGE last birthday		10. DATE OF BIRTH:	
65 yrs.		11 Oct 1889	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Virginia		USA	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Robert Werking		Annie Werking	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		Unknown	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
Hospital Records		19. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Uremia		2 wks.	
ANTECEDENT CAUSE (S) (B) Hypertensive Cardiovascular Disease		2 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) malignant type			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 4/6 , 19 55 , to 4/13 , 19 55 , that I last saw the deceased alive on 4/13 , 19 55 , and that death occurred at 11 A M, from the causes and on the date stated above.			
SIGNATURE Henry V. Chase M.D.		DATE SIGNED 13 April 1955	
ADDRESS Frederick, Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24. FUNERAL DIRECTOR ADDRESS	
Burial		M. R. Etchison & Son, Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11 April 1955		REGISTRAR'S SIGNATURE Elizabeth B. Heck	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 18 1955

BUREAU V. S.

3669

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Fred</i>	
CITY (If outside corporate limits, write OR and give nearest town) <i>Frederick</i>		RURAL LENGTH OF STAY (in this place) <i>2 days</i>		CITY (If outside corporate limits, write OR and give nearest town) <i>Thurmont</i>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hospital</i>				STREET ADDRESS (If rural give location) <i>1</i>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<i>EDITH BLACK WHITMORE</i>				<i>April 10 1955</i>			
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH: <i>MAR 11 - 1869</i>	
9. AGE last birthday: <i>86</i> yrs.		10. MONTHS: <i>8</i>		11. DAYS: <i>6</i>		12. HOURS: <i>0</i>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY: <i>Own Home</i>			
11. BIRTHPLACE (State or foreign country): <i>Rocky Ridge, Fred. Co. Md.</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME: <i>Joseph H. Black</i>				14. MOTHER'S MAIDEN NAME: <i>MATILDA NORRIS</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>—</i>				16. SOCIAL SECURITY No.: <i>none</i>			
(If Yes, give war or dates of service)				17. INFORMANT & ADDRESS: <i>Rev C. H. Corbett, Thurmont, Md</i>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
<i>586X</i>						<i>7 days</i>	
Immediate cause							
(a) <i>Generalized Peritonitis</i>							
Antecedent causes (s)							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.							
(b) <i>Perforated Infected Gall Bladder</i>						<i>7 days</i>	
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <i>4/9/55</i>				19b. MAJOR FINDINGS OF OPERATION: <i>Generalized Peritonitis; Perforated Gall Bladder; Stomach</i>			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>4/7/55</i> , 19 <i>55</i> , to <i>4/10</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>4/9</i> , 19 <i>55</i> , and that death occurred at <i>9:00 AM</i> , from the causes and on the date stated above.							
SIGNATURE <i>E. L. Ottobam</i>				DATE SIGNED <i>4/11/55</i>			
(Degree or title) <i>M.D.</i>				ADDRESS <i>Frederick, Md.</i>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>CREMATION</i>		<i>Apr. 14, 1955</i>		<i>Cedar Hill</i>		<i>WASHINGTON D.C.</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>11 April 1955</i>		<i>Elizabeth G. Heck</i>		<i>M. L. Creager & Son, Thurmont, Md</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Proc. Whitford

BUREAU V. S.

APR 13 1955

RECEIVED

3670

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write OR and give nearest town) <i>11 Frederick</i>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <i>OR Middletown</i>		TOWN <i>X</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>69 Fred. Mem. Hospital</i>				STREET ADDRESS (If rural give location) <i>1</i>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <i>Charles</i> (Middle) <i>O.</i> (Last) <i>Zeigler</i>				(Month) <i>4</i> (Day) <i>8</i> (Year) <i>1955</i>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<i>male</i>		<i>white</i>		<i>married</i>		<i>7-11-1888</i>	
9. AGE last birthday:		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<i>66</i> yrs.		Months		Days		Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<i>plumber</i>						<i>Pa.</i>	
12. CITIZEN OF WHAT COUNTRY?				<i>U. S.</i>			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<i>Abraham Zeigler</i>				<i>Susan Oberlander</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
<i>no</i>				<i>217-32-5169</i>		<i>Mrs. Blanche Zeigler, Middletown, Md.</i>	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
<i>463x Immediate cause</i>						<i>20 min.</i>	
(a) <i>Pulmonary embolus</i>							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.						(b) <i>Undetermined</i>	
(c) <i>Chronic duodenal ulcer.</i>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
<i>Chronic stenosing duodenal ulcer.</i>							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
<i>4 April 1955</i>				<i>Chronic stenosing duodenal ulcer.</i>			
20. AUTOPSY ?							
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		INJURY					
HOMICIDE							
TIME (Month) (Day) (Year) (Hour)				INJURY OCCURRED		HOW DID INJURY OCCUR ?	
OF INJURY				While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>3 April, 1955</i> , to <i>8 April, 1955</i> , that I last saw the deceased alive on <i>8 April, 1955</i> , and that death occurred at <i>11:20 p.m.</i> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
<i>McInnis E. Lea M.D.</i>				<i>35 E. Church St., Frederick, Md.</i>		<i>9 April 55</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>4-11-1955</i>		<i>Reformed Cemetery</i>		<i>Middletown, Md.</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>11 April 1955</i>		<i>Elizabeth B. Herb</i>		<i>Gladhill Co., Middletown, Md.</i>			

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RECEIVED

APR 12 1955

BUREAU V. S.